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Certified Public Manager Project

Department of Health and Environmental Control
Waccamaw Public Health District

Fetal and Infant Mortality Review (FIMR)
Home Interview Notification

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Project Statement and Goal

The Waccamaw Public Health District established a multidisciplinary community based Fetal Infant Mortality Review (FIMR) Work Group. Although the Waccamaw Health District consists of Georgetown, Horry, and Williamsburg Counties, this project will focus on Horry County. The purpose of the FIMR is to identify gaps in the health care system but not to address quality of care issues. The Work Group abstracts medical and health department records, interviews parents, reviews each case and aggregates the de-identified information. The Work Group looks at fetal deaths (a fetal death is required to be reported in South Carolina if the fetus has completed or passed the twentieth week of gestation or weight of 350 grams or more), neonatal deaths (0 – 27 days), and post-neonatal deaths (28 days – 1 year). SC Vital Statistics Laws and Regulations.

Once a death occurs, notification is sent to the Horry County Vital Records office. The staff in that office records the information on the FIMR log and notifies the home interviewer of the loss. The staff obtain an unofficial copy of the birth and/or death certificate or fetal death certificate, and baby's and/or mother's health department chart number (which is then noted on the log). A case number is then assigned and a folder created for all of the gathered information and the FIMR Administrative Coordinator is notified of the loss.

There is only one Vital Records office in Horry County. It is located in Conway, South Carolina and is staffed by two full-time employees. Horry County is a large county with one Level I hospital, two Level II hospitals, and a large number of funeral homes, hence there is a large volume of requests for both birth and death certificates. Due to the demand of their external customers, Vital Records staff often place the FIMR notifications in the log notebook until one of the staff members is available to make the necessary copies and send notifications. This has created a lag time from when the loss occurs and when the home interviewer is notified. This lag time makes it difficult for the home interviewer to complete the interview process due to the fact that parents who experience a loss are not willing to relive a loss that occurred weeks or sometimes months earlier.

When the home interview does not take place, it makes it difficult for the Work Group to identify what gaps in service might have occurred and does not give the Work Group a feeling for the parents' perception of the services needed or received.

As the FIMR Administrative Coordinator, my goal is to decrease the time between the loss and notification of the home interviewer to fifteen working days in ninety percent of all cases, by June 2001. This change will allow the home interviewer to work with recent losses. Hopefully, this will increase the willingness of the parent(s) to participate in the FIMR.

home interview process. Increased participation by the parent(s) of the deceased child will enhance fetal infant mortality prevention efforts.

Cause Analysis

The Horry County FIMR Community Work Group, which consists of staff from local and regional hospitals as well as staff from the South Carolina Department of Health and Environmental Control, met and discussed the need for quicker notification of the home interviewer after a parent(s) experiences a loss. The Work Group felt that lag time in the notification process is due to the fact that the Horry County Vital Records office is staffed with only two full-time employees. As I previously stated, Horry County is a large county with one Level I hospital, two Level II hospitals, and a large number of funeral homes, and only one Vital Records office. Because of external customer demands, the FIMR notifications are often placed aside until staff is available to make the necessary copies and send notifications. The Work Group felt that if the sometimes lengthy lag time could be reduced, parents who experience a loss would be more willing to participate in the FIMR home interview process.

In order to calculate the average length of time between when the loss occurred and when the home interviewer was notified, the Work Group determined that the thirty-two FIMR records for Horry County from January 1999 – October 2000 should be audited. I audited the records and documented the date the loss occurred and the date the home interviewer was notified. It was then necessary to calculate the working

days between the two dates. Once the calculation was completed, the total number of days for each record was entered into a database and averaged. The audit showed that there was an average of thirty-four days between the date the death occurred and the date the home interviewer was notified. The most days or worst case was eighty-eight days, while the least days or best case was five days. Additional statistical analysis showed that the median was twenty-nine days.

Implementation Plan and Evaluation Method

Using the statistical data that was gathered through the audit, the Work Group concurred that the median of twenty-nine days between the date of the loss and the date the home interviewer was notified needs to be decreased. My goal, as the FIMR Administrative Coordinator is to decrease that time by fifty percent.

The current notification process states that the County Vital Records staff records the information on the FIMR log and notifies the home interviewer. They then obtain the unofficial copy of the birth and/or death certificate or fetal death certificate, and baby's and/or mother's health department chart number, and note it on the log). A case number is assigned and a folder created for all of the gathered information and the FIMR Administrative Coordinator is notified.

Due to the high demand for services placed on the two full-time employees in the Horry County Vital Records office by external customers, FIMR notifications are often placed aside until one of the staff members is available to make the necessary copies and send notifications. Ideally an additional staff member in this office would help alleviate the pressure placed on the current staff to meet the demand of both their external and internal customers. However, at this time, due to budget constraints,

placing an additional staff member in this office is not an option.

Therefore, the notification process must be modified to meet the goal of decreasing the notification lag time by fifty percent.

The first part of the process that I evaluated was how Vital Records get notification of losses and what they are required to do according to the SC Vital Records Procedures Manual. The County Vital Records is notified by each hospital when a fetal death occurs. The hospitals complete the Fetal Death Report and send it to the County Vital Records office. The County Vital Records staff reviews the report for completeness, signs and dates the report, and makes a copy for the FIMR file. The original is then sent to the State Vital Records office. The hospitals and/or coroner's office complete a Burial-Removal-Transit permit on infants and children who are born live and later die in/or outside of the facility. These permits are sent to the County Vital Records office and logged in by permit number. The funeral home that the body was released to is responsible for filing the death certificate with the County Vital Records office. Once the funeral home files the death certificate, a copy is made and placed in the FIMR file. The County Vital Records staff also pulls and makes a copy of the Certificate of Live Birth for infants and children who were born alive and places it in the FIMR file. Once all of the documents have been gathered, the Vital Records staff assigns a FIMR case number to the death and log it in the FIMR logbook. They then complete the FIMR notification form and

make copies for the home interviewer, the FIMR Administrative Coordinator, the hospital record abstractor, and the FIMR file. The Work Group evaluated the current process and determined that due to the large demand for services placed upon the current County Vital Records staff by external customers, and the fact that the FIMR Administrative Coordinator was creating a duplicate FIMR file to be maintained at the District office, the County Vital Records staff no longer need to create a FIMR file. They will now make the required copies of the Fetal Death Report or Birth and Death Certificates for the State Vital Records office and prior to sending their weekly reports to that office make a copy and send it to the FIMR Administrative Coordinator.

The FIMR Administrative Coordinator will then assign the FIMR case number, log the death in the FIMR logbook, complete the notification form, and notify both the home interviewer and the hospital record abstractor. The Work Group believes that this will decrease the notification lag time that is occurring. In addition to the change made in the County Vital Records office, one of the Level II hospitals will begin to call losses that meet the FIMR criteria (outlined in the Project Statement) directly into the Waccamaw Health District Central Intake Unit. This Unit takes Home Health Services and Family Support Services referrals for the three counties in the district. When the hospital calls the fetal or infant loss into the Central Intake Unit, they will obtain the necessary information and

notify the FIMR Administrative Coordinator. It is believed that this change will also have an impact on the timely notification of the home interviewer. Both of these changes will take place in January 2001. The FIMR Administrative Coordinator sent the County Vital Records staff a revised FIMR notification process in December and attended the December 2000 Central Intake Unit staff meeting. The FIMR referral form and process for completing the form and the criteria that must be met for a death to be considered a fetal death were distributed and reviewed.

The changes made in the FIMR home interviewer notification process will be evaluated on a quarterly basis following the same criteria that I used in my initial audit. The results of the audits will be reported to the Work Group in June 2001. If the goal of reducing the notification time by fifty percent has not been met, then the Work Group will evaluate the barriers that prevented the goal from being met and brainstorm as to what the next steps are that need to be taken.

References

SC Vital Statistics Laws and Regulations 61-19: Vital Statistics Section 21 (a).

SC Vital Records Procedures Manual, Revised January 1, 1989. Office of Vital Records and Public Health Statistics, SC Department of Health and Environmental Control.